

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 100 **63-027731**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		c. CITY OR TOWN Boonville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 505 W. Spring
3. NAME OF DECEASED (Type or print) First GEORGE Middle HENRY Last MERSEY		4. DATE OF DEATH Month July Day 25 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/18/82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY agriculture	9. AGE (last birthday) 81
11a. FATHER'S NAME Henry Mersey		11b. MOTHER'S MAIDEN NAME Kathryn Wehmeyer	11c. NAME OF HUSBAND OR WIFE Emma Ohlendorf
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		12b. SOCIAL SECURITY NO. 63-027731	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH + 10 hours + 5 years	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 4:04 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year 7-25-63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Boonville, Mo.	
20f. CITY, TOWN, OR LOCATION Boonville, Mo.		20g. COUNTY Cooper	
20h. STATE Missouri		20i. DATE SIGNED 7-26-63	
21. I attended the deceased from 7-25-63 to 7-25-63 and last saw her alive on 7-25-63 Death occurred at 4:04 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) B. W. Thacher M. D.	
22b. ADDRESS 329 MAIN STREET, BOONVILLE, MISSOURI		22c. DATE SIGNED 7-26-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7/28/63	
23c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cem.		23d. LOCATION (City, town, or county) (State) Boonville, Mo.	
24. FUNERAL DIRECTOR B. W. Thacher		25. DATE RECD. BY LOCAL REG. 7/27/63	
26. REGISTRAR'S SIGNATURE St. Joseph's Hosp.		27. DATE SIGNED 7-26-63	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Berry W. Shaker

Licensed Embalmer No.

3944

P. O. Address

Beonville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.